

PART B - FEE(S) TRANSMITTAL

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33469 7599 04/05/2010

CROMPTON, SEAGER & TUFTE, LLC
 1221 NICOLLET AVENUE
 SUITE 800
 MINNEAPOLIS, MN 55403-2420

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Rachel Gagliardi (Depositor's name)
 (Signature)
 May 26, 2010 (Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/666,063	10/15/2003	Gene P. DiPoto	1291.1135102	7977

TITLE OF INVENTION: CANNULA FOR RECEIVING SURGICAL INSTRUMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	07/06/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
BUI, VY Q	3773	606-191000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.163)

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer; Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Crompton, Seager & Tufte, LLC.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Zimmer Spine, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Minneapolis, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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- ☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 99-5619 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature: /nancy j. parsons/

Date May 26, 2010

Typed or printed name: NANCY J. PARSONS

Registration No. 40,364

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